

PTO/SB/01 (10-05)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----|------------------------|------------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | H310717PCTUS |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing | OR | First Named Inventor | LINDSAY, WILLIAM ET AL |
| COMPLETE IF KNOWN | | | |
| | | Application Number | |
| | | Filing Date | |
| | | Art Unit | |
| | | Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIAGNOSTIC METHOD FOR PREDICTING MAINTENANCE REQUIREMENTS IN ROTATING EQUIPMENT

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--|--|--|
| 2434735 | CANADA | 07/07/2003 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including, gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (10-05)

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DECLARATION — Utility or Design Patent Application

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| Direct all correspondence to: | <input checked="" type="checkbox"/> The address associated with Customer Number: | 28079 | OR | <input type="checkbox"/> Correspondence address below |
| Name | | | | |
| Address | | | | |
| City | State | ZIP | | |
| Country | Telephone | Email | | |

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioner/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | |
|--|---|-------------------|-------------------------|
| NAME OF SOLE OR FIRST INVENTOR: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any)) | Family Name or Surname | | |
| WILLIAM | LINDSAY | | |
| Inventor's Signature  | | | Date 01/04/06 |
| Residence: City HAMILTON | State ONTARIO | Country CANADA | Citizenship CANADIAN |
| Mailing Address 515 ACADIA DRIVE | | | |
| City HAMILTON | State ONTARIO | Zip L8W 3A3 | Country CANADA |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

PTO/SB/02A (09-04)

Approved for use through 07/31/2008, OMB 0651-0032

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| DECLARATION | | ADDITIONAL INVENTOR(S) Supplemental Sheet | |
|---|------------------|---|-------------------------|
| Page 2 of 2 | | | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| KEVIN GUY | | HUNT | |
| Inventor's Signature <i>Kevin Hunt</i> | | | Date <i>01/05/2006</i> |
| HAMILTON Residence: City | ONTARIO State | CANADA Country | CANADIAN Citizenship |
| 137 MOUNT PLEASANT DRIVE | | | |
| Mailing Address | | | |
| HAMILTON City | ONTARIO State | LBW 2V8 Zip | CANADA Country |
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| JAMES FRÉDÉRICK | | STULEN | |
| Inventor's Signature <i>James Stulen</i> | | | Date <i>4 JAN 2006</i> |
| BRANTFORD Residence: City | ONTARIO State | CANADA Country | CANADIAN Citizenship |
| 77 BALMORAL DRIVE | | | |
| Mailing Address | | | |
| BRANTFORD City | ONTARIO State | N3R 5C2 Zip | CANADA Country |
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | | Date |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |

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PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|------------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | WILLIAM LINDSAY ET AL |
| Title | DIAGNOSTIC METHOD FOR PREDICTING.. |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | H310717PCTUS |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

28079

OR

 Practitioner(s) named below:

| | Name | Registration Number |
|--|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| City | | State | | Zip |
| Country | | | | |
| Telephone | | Email | | |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-------------------|----------------------|-----------|--------------|
| Signature | <i>Kevin Hunt</i> | Date | 01/05/2006 |
| Name | KEVIN GUY HUNT | Telephone | 905-389-8689 |
| Title and Company | Partner, Sencor Inc. | | |

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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and
CORRESPONDENCE ADDRESS
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| | |
|------------------------|------------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | WILLIAM LINDSAY ET AL |
| Title | DIAGNOSTIC METHOD FOR PREDICTING.. |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | H310717PCTUS |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

28079

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Email | | |

I am the:

Applicant/Inventor:

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|-------------------------------|-----------|--------------|
| Signature | <i>James Stulen</i> | Date | 4 JAN 2006 |
| Name | JAMES FREDERICK STULEN | Telephone | 905-637-0654 |
| Title and Company | Process Automation Specialist | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

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| Application Number | |
| Filing Date | |
| First Named Inventor | WILLIAM LINDSAY ET AL |
| Title | DIAGNOSTIC METHOD FOR PREDICTING.. |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | H310717PCTUS |

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OR

Practitioner(s) named below:

| Name | Registration Number |
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OR

The address associated with Customer Number:

OR

| | | | |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Email | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|------------------------|-----------|--------------|
| Signature | <i>William Lindsay</i> | Date | 01/04/06 |
| Name | WILLIAM LINDSAY | Telephone | 905-329-4687 |
| Title and Company | INNOVATION ANALYST | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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